

This Toolkit deals with the following issues:

- Why HIV/AIDS is a critical issue for any organisation
- Reasons for government involvement
 - How can governments respond?

Why HIV/AIDS is a critical issue for any organisation

In countries with significant HIV/AIDS epidemics, almost all organisations will incur costs due to HIV/AIDS impacts on employees. In addition, the epidemic will have profound social and economic effects which impact on organisations. Among the effects which are already being widely reported are the following:

- Absence from work and worker attrition are likely to increase as people fall ill and take sick leave.
- Employees will also require time off to care for sick family members.
- Many employees will want to take compassionate leave.
- People will want time off to attend funerals of family members and colleagues.
- Productivity will decline because of time off, but also employees will be less healthy. Morale may also fall as many employees are affected by HIV/AIDS either through illness and death

- among family members, colleagues or themselves being infected.
- The supply and cost of labour will be affected by a reduction in the number of adults in the 20-59 year age group.
- The average age and level of experience among economically active adults will fall.
- Higher recruitment and training costs can be expected.
- Many households are likely to become newly poor, or pushed further into poverty due to AIDS among household members. When adults become ill or die from AIDS, household income falls because their earnings or labour are lost, and other working household members often have to take time off work to care for them. Costs of health care and funerals may place large burdens on households.
- Ability to pay for consumer goods and services will be affected.

This document is one in a series of pamphlets targeted at Government Ministries. The aims are:

- to assist priority sectors to identify areas where they are vulnerable to the impacts of HIV/ AIDS.
- to suggest specific steps that can be taken.

Reasons for government involvement

The extent of the HIV/AIDS epidemic makes it imperative for all government departments to help manage the impact of existing infections, and continue with prevention efforts to slow the rate of new infections.

- Large numbers of government workers will be infected with HIV/AIDS or affected by it. Infection rates among government workers, including health care workers, can be very high. Among midwives and nurses in Lusaka in 1991-2, HIV prevalence was 39% and 44% respectively, and in two Southern Zambian hospitals, mortality of female nurses rose 13-fold between 1980 and 1991.^{1, 2} In Kinshasa, Zaire, as it was then known, hospital workers were shown to have similar levels of HIV infection to the community from which they were drawn.3 In Malawi, death rates of health care workers was 3% in 1997, a six fold increase on levels before the epidemic.⁴ A Swaziland Ministry of Education study in 1999 reports losses of several teachers each week due to HIV/AIDS. Tanzanian projections indicate that HIV/AIDS may reduce the number of teachers in the country by over 14 000 by the year 2010.
- The efficiency of government Ministries and services may be severely compromised if steps are not taken actively to manage organisational impacts. Certain direct costs to government such as employee benefits may also rise. Experience suggests that the public sector is particularly vulnerable to efficiency losses as it is generally less able than the private sector to adapt to pressures created by HIV/AIDS. For example, government employees often stay in employment well after they have become ill and poorly productive. There is often limited flexibility to allocate substitute employees to ensure that their work is done during this time.
- Unless it is checked, HIV/AIDS will reverse many or all of the development gains for which governments strive.
- Increased disability, poverty and changed demography will alter demands on functions of government across all sectors.

- New and substantial demands will be placed on public resources; there will be greater needs for poverty alleviation, care of orphans and support for community based initiatives for care and support of persons with AIDS.
- The care and treatment of AIDS cases has the potential to consume vast amounts of health care resources. Many patients who may have been treated in the private sector will exhaust their resources and fall back on the public sector.
- Prevention is much cheaper than treatment and civil society is unable on its own to deliver a prevention message.
- There are external benefits (benefits to others) associated with individuals refraining from highrisk sexual behaviour; governments have a responsibility to increase incentives for prevention and thus promote the public good.
- Government involvement in many sectors means that it has opportunities to contribute to prevention and impact alleviation in many communities.
- Legislation is the responsibility of government and can hinder or create enabling environments for HIV/AIDS activities.
- HIV/AIDS raises many human rights issues that require clear policy and legal responses by governments. For example, policy, legislation and mechanisms are required to prevent unfair discrimination against people with HIV/AIDS in workplaces.
- Only governments can ensure that reliable information about HIV/AIDS is made available.

A common misperception about HIV/AIDS is that nothing can be done to stop or slow down the epidemic. This attitude is dangerous, as concerted government action can achieve a great deal for government, society and employees. Many countries' epidemics are so severe that even responses that reduce infection rates or increase effective support by a few per cent in the short term, will benefit many thousands of people.

How can governments respond?

Government departments will be affected by HIV/AIDS both *internally* and *externally*. An appropriate response needs to be formulated for both internal and external impacts.

Internal impacts are a result of infections amongst departmental employees. Such infections, if not planned for, may seriously affect the ability of government departments to fulfil their functions. While internal impacts will differ between sectors, depending on sector-specific work processes and the risk profile of employees, many issues that need to be considered will be common across sectors.

Among actions which need to be considered are: policy development; prevention programmes; gearing up training, multi-skilling and succession planning; care and support for infected and affected staff to optimise their performance; and restructuring of employee benefits. Such issues may need extensive involvement of an umbrella agency, such as a Department of Public Service Administration.

External impacts will result from the effects of HIV/ AIDS on wider society. The type and severity of external impacts depend on the severity and stage of the epidemic and on the functions or services provided by the particular government Ministry.

Examples of responses which may need to be considered include: ensuring that HIV prevention is considered in projects and services; adapting infrastructure and human resource planning to meet changed types and scale of needs due to changes in the size and age structure of the population; introduction of new services, or changing models of service delivery to deal with large scale, new needs; and legislating to protect people affected or infected from unfair discrimination, or to encourage effective roles in prevention and care by all relevant stakeholders.

Note: one way of assessing how impacts may develop will be to look at the earliest affected communities, and imagine what will happen as others experience these impacts.

The steps described in the Toolkit aim to guide Government Ministries to identify the extent and nature of internal and external impacts of HIV/AIDS, and to consider possible responses. Responses implemented by Government Ministries can have profound effects on the spread of HIV and the impact of existing infections.

Sources:

- 1 Whiteside A. (1997) Country Profile: Zambia. AIDS Analysis Africa (Southern African Edition) 7(6) April/May.
- 2 Buve A et al. Mortality among female nurses in the face of the AIDS epidemic: a pilot study in Zambia. AIDS 1994;8:396.
- 3 Mann J Francis H et al. (1986) HIV seroprevalence among hospital workers in Kinshasa, Zaire: lack of association with occupational exposure. JAMA 256, 3099-3102.
- 4 Government of Malawi/ World Bank (1998) *Malawi AIDS Assessment Study.*

The full Toolkit range:

Generic:

- Understanding HIV/AIDS
- Why HIV/AIDS is a Government Issue
- HIV/AIDS and Ministry Employees
- Planning Tools

Ministry and/or Department:

- HIV/AIDS and Agriculture
- HIV/AIDS and Education
- HIV/AIDS and Finance
- HIV/AIDS and Health
- HIV/AIDS and Housing and Public Works
- HIV/AIDS and Labour
- HIV/AIDS and Welfare

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